

The Secrets of Dr Rife's Resonant Energy Device

The lost technology of Dr Rife's cancer-killing beam-ray unit has been developed into a new device that is reportedly creating many positive health benefits among its users.

Part 1

by James E. Bare, DC © 1997

8005 Marble Avenue, NE
Albuquerque, NM 87110, USA
Telephone: +1 (505) 268 4272
E-mail: rifetech@rt66.com

The post-war optimism of the 1920s gave rise to the further development of many existing technologies such as aircraft, automobiles and radio communication. From this era of inventive renaissance arose the pioneering scientific research of Dr Royal R. Rife.

In the late 1920s and early 1930s, Dr Rife developed major breakthroughs in the field of optics and the electronic treatment of disease—breakthroughs that have since been lost to the dust of history and long-faded memories.

Dr Royal Rife's name is now mostly unknown to the general public, yet in his time Dr Rife was rather well-known both within scientific circles and with the public in general. Articles about his work appeared in many scientific journals including *Science*¹ and the *Journal of The Franklin Institute*.² Newspapers headlined his discoveries, and he was honoured at a special dinner party given by grateful medical researchers for his advancements in medical science. Yet, so great and profoundly disturbing to the medical status quo was one of his discoveries that his name has been besmirched and effectively erased from history.

Dr Rife, to the immense irritation of the medical establishment, developed an electronic instrument that utilised the law of resonance. This device was able to produce profound physiological changes and treat many diseases, both chronic and infectious.

We are all aware that cells are made of many complex parts. Dr Rife discovered that when a cell, or at least some part of a cell, was exposed to a form of energy to which it is resonant, this energy would be absorbed by the resonant cellular structure. This absorbed energy could be used to stimulate the cell, or the energy could be re-radiated as heat or structural vibration.

As latter-day investigators have discovered, resonant energy can be re-radiated as magnetic waves or radio waves. This re-radiation is now known as nuclear magnetic resonance (NMR) and is the basis of magnetic resonance imaging (MRI).

Should the resonant energy be greater than the cell can effectively dissipate, Dr Rife found that the cell, or at least a resonant part of the cell, would fail structurally, sometimes resulting in cellular death. The significance of Dr Rife's discovery should be immediately apparent. Virulent micro-organisms, cells and tissues could be resonated to suffer metabolic impairment or outright destruction. In fact, Dr Rife discovered the resonant frequency or, as he called it, the mortal oscillatory rate (MOR) for over 55 major bacterial diseases. If this was not astounding enough, Dr Rife found the MOR for cancer. He discovered that cancer cells could be selectively oscillated to destruction in a completely non-invasive manner. Further, Dr Rife discovered that a small "particle" given off by a bacterium almost the size of a virus could cause cancer, and that this "particle" could be destroyed by the device.

Tests were run on the device in 1934 by a special committee of physicians from the University of Southern California. Sixteen patients with cancer were treated by the device and all 16 were pronounced cured within a period of 120 days. With long-term use of the device, it was found that the rate of cure (as a cure was judged in the 1930s) for cancer of all types was in excess of 90 per cent.

Dr Rife, after making many significant improvements in his device, lived to see the device disappear into obscurity. The reasons for this loss are many, and are best examined by Barry Lynes in his book about Dr Rife, entitled *The Cancer Cure That Worked!—Fifty Years of Suppression*.³ Suffice it to say, Dr Rife's device and its secret of operation was lost to the world. Many people have tried to replicate the original Rife device, with little success.

The problem, of course, is how to get an object to absorb a resonant frequency. Most of us have experienced sound waves striking us at a loud concert—a form of mechanical coupling of energy. Dr Rife discovered a new method of coupling the resonant wave to objects. He used a gas-filled tube, typically containing one of the noble gases such as argon or neon or some combination thereof. This tube was excited to glow much like a neon sign glows, but Dr Rife used radio energy instead of high-voltage electricity to make the tube glow or form a plasma. It was the wave emanation from the tube—what I call a "plasma wave"—that possessed the ability to couple to cellular objects and resonate them.

The beauty of Dr Rife's device was that it did not need to be attached to the body. A person would merely lie down, and the tube would then be passed over the body from a short distance.

The solution to Dr Rife's secret has eluded researchers for over 60 years. Simply connecting up a radio transmitter to a plasma tube will produce some physiologic effects in a patient—but not the physiological and cellular destructive effects for which Dr Rife's device is known.

In an attempt to reproduce the effects of Dr Rife's original plasma tube device, people have been modifying electric muscle-stimulators into frequency therapy instruments for nearly 45 years. These modified stimulators can easily produce electrical waves as high as 40,000 cycles (Hz). Called "Rife" devices by their manufacturers, these electrical stimulator instruments *do* work to a degree, and many individuals over the years have benefited from their usage. However, these electrical devices suffer badly from one main problem: electricity travels along lines of least resistance; so one could easily miss treating an important area due to local tissue resistance and electrical pathways. The manufacturers of these instruments try to overcome these shortcomings of electricity by varying or manipulating the output wave in some manner.

These same techniques of electrical frequency manipulation are utilised today in modern TENS (transcutaneous electronic nerve stimulation) units and other types of electrical stimulators used in

medical practice. Modern medical devices are generally restricted by government certification agencies to outputting electrical frequencies below 200 Hz.

EFFECTS OF THE RIFE/BARE DEVICE

In about September of 1995, the status of Rife plasma tube technology changed. It was then that I succeeded in developing a device that, although not really *the* Rife device, would produce effects that closely mimicked and in some cases completely exceeded Dr Rife's unit.

As an example, Dr Rife's unit was used on one person at a time, but my device can be used effectively on a whole roomful of people at one time. There are now groups in Australia, Canada and the US meeting several times weekly, with up to 50 people having exposure from one device simultaneously.

A Canadian "volunteer group", as it is called, has had well over 400 people attend these sessions so far, with a cumulative exposure time in excess of 7,000 hours. These volunteers are required to keep records of their initial complaints and the effects of treatment. As a result, a very large database is being created that documents the protocols used and the variety of effects reported with exposure to my Patent Pending device.

Sufferers of fibromyalgia, rheumatoid arthritis and osteoarthritis, Lyme disease and candidiasis have given consistent reports of positive response to treatment with the device.

Chronic infections of all sorts, including virus-based diseases, have responded favourably, according to reports. Herpes, cold and flu viruses have been easily overcome, generally in less than 48 hours following exposure to the device.

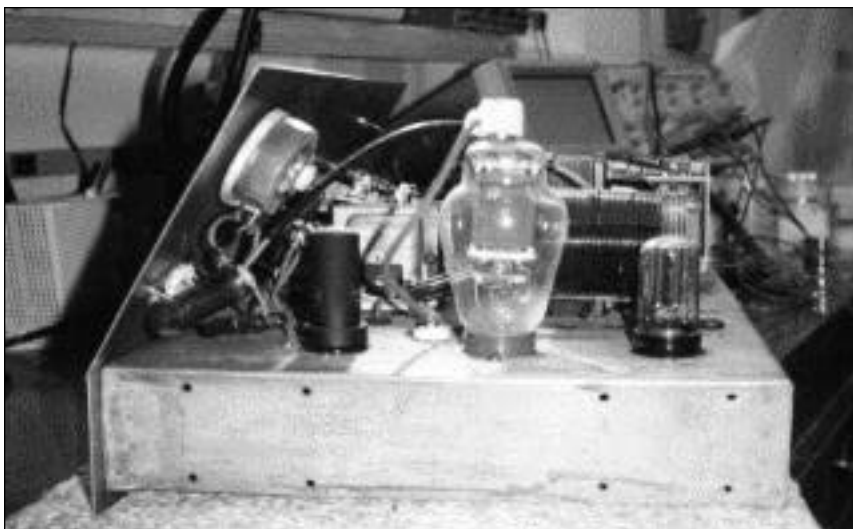
Reports have also been received of the destruction of mould on shower walls, and of perishable food like bread not going mouldy (only stale) in the refrigerator. These sorts of effects occur without direct exposure, the wave passing through walls and through the metal confines of a refrigerator. Reports have also been received of the device killing cockroaches, ants and other undesirable insect pests.

Videotaped lab tests show the device to be extremely effective against common pond-water protozoa, literally causing them to explode and disintegrate. This raises the question of how the device would work against disease-causing protozoa; for example, those that cause malaria.

Users of the device have reported vasodilation of the blood vessels in the skin, and, as a result, some dramatic benefits: age-spots disappearing, skin thickening and becoming more youthful in appearance, slight hair-regrowth on the scalp, as well as memory improvement and alertness in the aged.

Certain frequencies have been used to sedate and put people to sleep. Other frequencies have been used to stop seizures as they occur. Users also report very dramatic pain-alleviating and muscle-relaxing effects at selected frequencies.

... most importantly there have been reports that the device can resonate and destroy cancer cells (and sarcomas) in the body. It does this so well that one of the major problems is gauging the exposures that people can tolerate.



Original Rife beam ray unit of about 25 watts power; uses 809 output tube.

But most importantly there have been reports that the device can resonate and destroy cancer cells (and sarcomas) in the body. It does this so well that one of the major problems is gauging the exposures that people can tolerate. The cellular debris that is generated as the tumours disintegrate shows up first in the blood. In fact, simple examination of an unstained drop of blood is the best way to make an early determination as to whether the device is working correctly or not.

This cellular debris can bring with it significant problems including temporary impairment of kidney and liver function. If someone has had prior surgery involving lymph node removal, the biggest problem is the formation of oedema; that is, fluid will not properly drain from the tissues due to cellular debris congestion of the lymphatics. Please be aware that the effects derived from exposure to the device are not just resonant disintegration of unwanted cells, but also physiological stimulation, especially of the immune system.

At certain frequencies the device stimulates white blood cells into a state of hyperactivity that can be observed microscopically. It has been found that in some diseases, especially cancer, the white blood cells (WBCs) are somehow aberrant and die off over the first few weeks of exposure. However, new white blood cells are manufactured, and a person will eventually show an above-normal elevation of their WBCs, often in the 12,000 to 14,000 range (normal being 5,000 to 10,000).

There is also a corresponding drop in the red blood cell count to a very low normal level, almost as if the body has shifted its priority from making red blood cells to making white blood cells to fight the disease. This means that if one's body is not capable of responding to physiological stimulation, it will show a very diminished response from exposure to the device. For example, if someone's body is ravaged by cancer, with multiple organ involvement, or has not recovered from the effects of very recent medical treatment with chemotherapy and radiation, the results from using the device have been universally poor.

I must state categorically that I am not treating people with the device; other people are constructing my device and treating themselves. The device should be considered as highly experimental: its proper usage is yet not fully defined, and people use the device at their own risk.

The device is not a panacea. It has limits to its usage. Like all therapies, treatments, surgeries and medications, there are percentages of patients who are helped, and percentages who are not. Nothing is 100-per-cent effective, but the devices' percentages of success are more than just satisfactory on applicable problems.

I realise that all these reports of success may seem too incredible to be believed, but they are truthful and have come from use of the 1,000-plus devices now in existence.

HOW THE RIFE/BARE DEVICE WORKS

The Rife/Bare device can be constructed by following the plans in my book,⁴ using off-the-shelf components that can be easily modified. More units are being built every day.

My device is simply a primary transmitter; namely, a CB (citizens' band) radio unit that has been modified to produce a pulsed, overmodulated, wide-bandwidth, amplitude-modulated (AM) wave. (Sorry, getting a bit technical here!) That is, the wave is pulsed, through the process of carrying too strong an audio signal. This pulse varies in length from about 50 microseconds to about 6 milliseconds. By using an AM wave rather than a frequency-

modulated (FM) wave, a phenomenon results: the creation of sidebands, i.e., separate radio signals which are generated at different radio frequencies. A square-wave audio frequency is fed to the CB radio to generate many sidebands and thus a rather wide bandwidth.

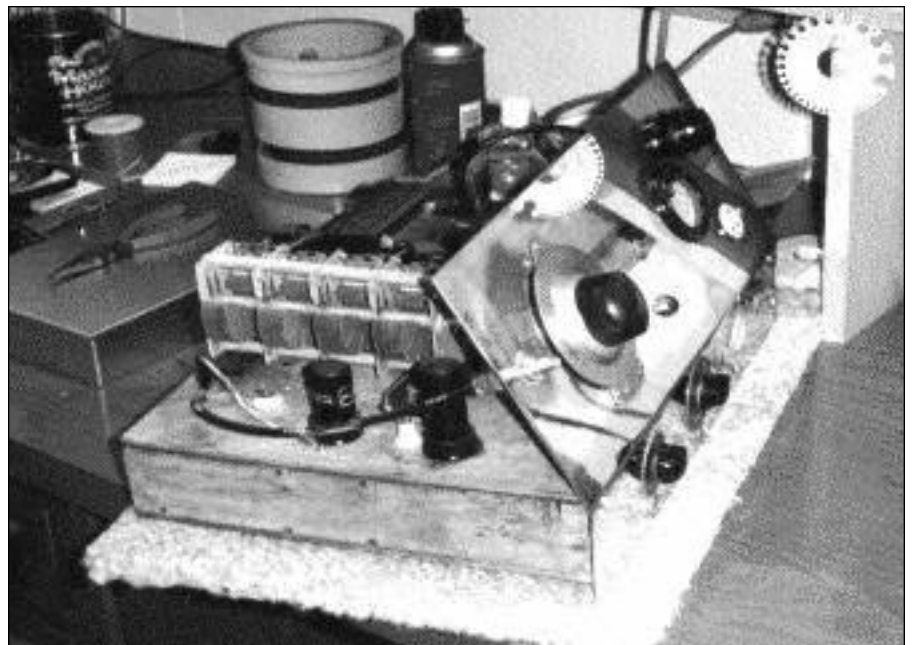
The bandwidth can be thought of as the area on a radio dial across which the signal can be heard. In this case, a considerable amount of the radio band is used. Yet a properly constructed instrument stays within US Federal Communications Commission (FCC) emission limits

... the effects derived from exposure to the device are not just resonant disintegration of unwanted cells, but also physiological stimulation, especially of the immune system.

for what is known as an "industrial, scientific, medical wave length" (ism) device.

The wave from the CB radio is fed into a linear amplifier which amplifies the wave (including the sidebands) about 15 to 20 times and then outputs it to an antenna tuner which matches the radio energy to a noble gas-filled glass tube. Within the gas-filled tube the radio energy is converted into another type of energy which, for lack of a better term, I have called a "plasma wave".

The conversion process of the radio frequency (RF) energy is very important, as it eliminates in excess of 98 per cent of the RF power coming from the amplifier. This means that there is only a



Same Rife unit; present owner lives in the USA.

local RF field very close to the device, and this quickly drops off to a negligible level at treatment distances.

It is not the RF energy that is solely doing the work, although it is considered to participate to some degree; it is the plasma wave generated from the tube that primarily does the work. The radio energy that remains after absorption by the plasma is too low to produce any diathermy, i.e., heating effects, at treatment distances.

The output energy from the Rife/Bare device consists of several important factors. First is the energy from the plasma tube, or the plasma wave. This wave can pass through leaded walls, Faraday cages and steel containers. For instance, I can keep the fruit in my refrigerator from going mouldy by running mould frequencies every few days.

Another wave that comes from the tube is directly related to the gas type, the power applied to the tube, the modulated audio frequency and the tube gas pressure. This wave is the light wave which can vary with all the above-listed items.

It has been found of late that the colour mauve—found mostly in an 80% argon/20% neon mixture, or in certain pressures of pure argon gas—apparently produces the most beneficial overall physiological effects. This colour has also been shown to be the most destructive to cancer cells.

One must understand that the light wave to some degree modulates or carries the energy from the tube, in much the same way as a laser light beam carries energy. Within inches of the tube is an electrostatic field that has been measured at around 25,000 volts per metre. If desired, this field can be intensified to the point of producing ozone, but there is no reason to do so. The electrostatic field is important in getting the tube to light and for maintenance of the plasma.

Recently some experimentation has been done with various gases and pressures within the plasma tube, and optimal values for some gases and mixtures have been found.

Most people who have one of my devices are currently using leaded glass tubing for their plasma tubes. The lead acts as a conductor, allowing the tube to light more easily while tolerating higher gas pressures. But demand has been high enough that there are now manufacturers making not only leaded glass but Pyrex glass, quartz glass and original Rife globe-tubes for the device, to suits a variety of needs.

ELECTROPORATION EFFECTS

Earlier in this article I mentioned that my unit produces a very fast radio pulse. This pulse is significant because it can induce an effect known as "electroporation" in some cells and micro-organisms. Electroporation effects have actually been seen and videotaped from microscopic work with protozoal organisms.

All cells, micro-organisms and viruses are subject to electroporation. When an electrical pulse or a light pulse (similar to a photo flash) of sufficient intensity and proper duration is delivered to a cell, pores open up in the outer wall of the cell.

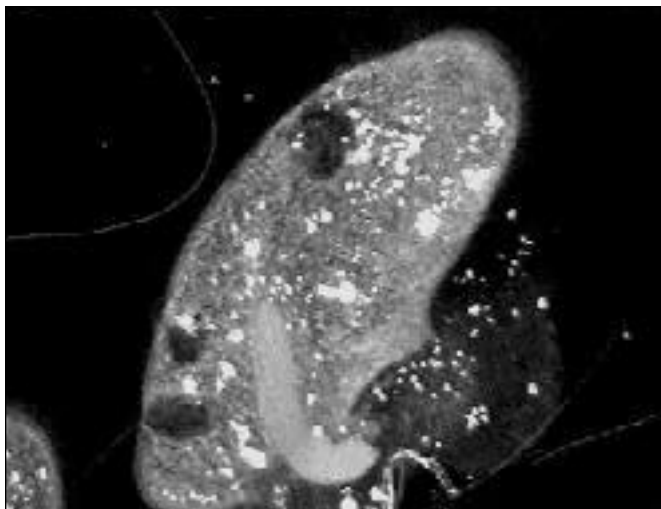
The pulses from my unit are generally in the microsecond or millisecond range, and the necessary voltage differential across a cell wall is 0.5 to 1.5 volts. Traditionally, a laboratory would use several thousand volts of electricity to produce electroporation. In this procedure, electroporation occurs rapidly after the cells are subjected to the pulse.

Yet it has been found that by using a pulsed radio wave output into a gas plasma with a modulated resonant audio frequency, the necessary voltage for electroporation is achieved apparently without the high electrical field strengths. The wave from my device produces electroporation effects rather slowly.

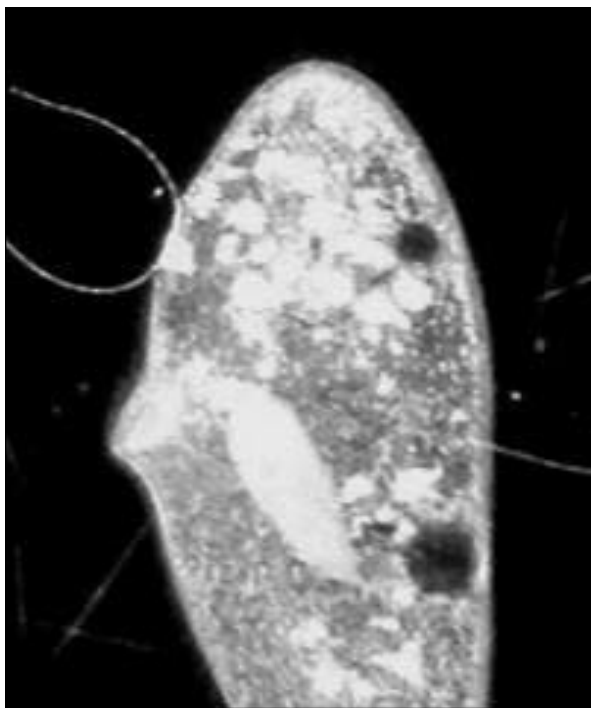
The electroporation effect can be initiated with rather short exposure times of but a few minutes, or it may occur after exposure times as long as 40 minutes. The rate at which electroporation occurs depends on several variables: the organism, the applied power levels, and the type of gas in the plasma tube. The pores formed by electroporation can be reversible or irreversible. At sufficient intensity and exposure times, the pores that are formed are irreversible, the osmotic equilibrium of the cell is disrupted, and the cell dies, or in some cases explodes.

High-voltage-induced electroporation is currently being used in experiments in gene transfer, in the introduction of chemicals into cells, and in the food processing industry with the aim of increasing the shelf-life of perishable foods. Generally the pores are very small, in the nanometre range (billionths of a metre), and can only be detect-

ed with an electron microscope. But I have videotape taken through my darkfield microscope of absolutely huge, micron-sized pores opening in the cell walls of protozoa due to the effects of my device.



Electroporation, disintegration and evisceration of *Paramecium caudatum* while under influence of the plasma wave.



Micron-sized pore in the side of a *P. caudatum*.

STRUCTURAL RESONANCE EFFECTS

Another aspect of my device is the use of modulated audio frequencies to elicit structural resonance effects. Cells can apparently demodulate the audio frequency. In other words, the cells strip off the audio wave so the audio frequency can be expressed within the cell, in a manner similar to your car radio stripping off the audio portion of a broadcast wave so that the audio can be heard as music. If the audio frequency is resonant, the cell or tissue is oscillated by the wave.

Many people have demodulators within their bodies: amalgam fillings in their teeth. There have been some reports of these fillings loosening and actually cracking from the demodulated audio frequencies. Luckily, such reports are rare, but it is not known which audio frequency causes this problem.

It is now believed that the device may produce some selective NMR effects. NMR is important in the use of MRI. NMR effects occur in a static magnetic field that is generally very powerful. NMR also requires application of high-frequency radio fields that often are pulsed. An MRI unit generally leaves the magnetic field constant and varies the radio frequency to achieve its pictures.

But if one considers the magnetic field of the Earth, or considers my device as a static field, then NMR effects may occur at audio frequencies and not radio frequencies, according to the equations that define NMR effects. Anomalous magnetic fields have been detected in people undergoing exposure to the device, and have been measured in the gauss ranges of strength. The Earth's magnetic field is about 0.5 gauss, but the bodily-generated field can be several times stronger than the Earth's. These fields are generated slowly, building to peak over a period of several seconds of exposure, and then level off.

Not surprisingly, it has also been found that different audio frequencies can give different readings in different people. That is, if you have something in your body to which the energy is resonant, then whatever is resonant will absorb the energy and produce a field. The application of this phenomenon as a diagnostic procedure is being investigated.

If the device is turned off, the gauss readings return to ambient background levels. It is believed that this anomalous magnetic field is generated by an NMR effect known as the "relaxation phase". That is, the protons within some of the molecules in the body are excited into a higher energy state by the audio-frequency-modulated, pulsed RF; and then, during the 'off' phase between pulses, the protons return to a relaxed state, giving off their stored energy by forming a magnetic field.

Through NMR effects it is possible to resonate chemical bonds, molecules and atoms selectively. This is an area for further investigation, and currently there are more questions than answers. As of late it has been found that pulsing the audio frequency at a slow rate will produce different and perhaps enhanced effects. The audio pulse is generally around 0.3 to 0.8 seconds for each on-off cycle, and the carrier radio wave is left on between pulses. By leaving the carrier radio wave on, there seems to be a coupling effect that occurs, and the 'shock' of the added audio modulation creates an improved effect—perhaps by what is known as "counter-EMF", which occurs in inductors as they are suddenly

discharged. A gated train of pulses is output from the device each time the gate is turned on and then off.

This area of research is now being investigated as to what benefits, if any, it may offer. It is obvious that the Rife/Bare device has immense applications in many fields of commerce and science; but, as I have stated, it is not *the* Rife device. What exactly the original Rife device was, has remained a mystery for over 60 years. But that mystery is now essentially solved—and will be examined in more detail in Part 2 of this article, next issue.

Endnotes

1. "Filterable Bodies Seen with the Rife Microscope", *Science*, vol. 74, 11 December 1931.
2. Seidel, R. E., MD and Winter, M. Elizabeth, "The New Microscopes" (a discussion), *Journal of The Franklin Institute*, vol. 237, February 1944.
3. Lynes, Barry, *The Cancer Cure That Worked! Fifty Years of Suppression* ("The Rife Report"), Marcus Books, PO Box 327, Queensville, Ontario, Canada, 1987, 4th printing 1992.
4. Bare, James, DC, *Resonant Frequency Therapy: Building the Rife Beam Ray Device*, James Bare, Albuquerque, NM, USA, 1995-96.

About the Author:

James E. Bare is a Doctor of Chiropractic who has been practising for over 20 years in Albuquerque, New Mexico, USA. An electronics tinkerer since his early teens, he set to work on a prototype Rife instrument after reading Barry Lynes' book in late 1994.

By mid-1995 his prototype unit worked well with pain control and muscle relaxation. By late 1995 he added overmodulated pulse to the device, and from then on his Rife/Bare device started producing astounding health effects.

James Bare does not use the device to treat patients in his chiropractic practice. He works an average of 100 hours per week, with device-related matters occupying two-thirds of his time. He believes he is able to work such long hours because of the vitalising effects of exposure to the device.

Not surprisingly, it has also been found that different audio frequencies can give different readings in different people.

RESONANT FREQUENCY THERAPY Building The Rife Beam Ray Device

Construct an operational Plasma Emission Therapy device!

Once considered a lost technology, the Plasma Tube Frequency Device of Dr Royal Rife has surfaced from the depths of forgotten history and returned. My book explains how you can easily construct and operate this modern and updated version of Dr Rife's instrument. The device is made from freely available off-the-shelf components, and operates on 12 volts DC. A list of all components and suppliers may be found in the book. Join over 1,000 other constructors of this instrument who are now operating their own devices.

Book - US\$25.00

Videotape- US\$20.00 (NTSC and PAL-VHS formats only)
100-minute videotape shows effects on protozoal organisms and how to assemble the unit.

Postage: - USA and Canada add US\$5.00

Overseas - add US\$10.00

Visa and Mastercard accepted. All money orders should be in US currency. All shipments are sent via airmail. You may fax, mail, or call in your order to our office.

Direct all orders to: **James E. Bare, D.C.**
8005 Marble Ave, NE, Albuquerque, NM 87110, USA
Email: rifetech@rt66.com
Phone: 505-268-4272; Fax: 505-268-4064